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|  | **NEW HAMPSHIRE EMPLOYMENT SECURITY  REQUEST FOR EMPLOYMENT AND EARNINGS** |
| JFS-84400 |  |

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| --- | --- |
| Claimant's Name | Social Security Number  \*\*\*-\*\*-XXXX |

Date Issued:

XX/XX/XXXX

Return To:

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|  | BENEFIT PAYMENT CONTROL 45 SOUTH FRUIT STREET CONCORD NH 03301-4857  Phone: (603) 228-4071  Fax: (603) 229-4390 |

As part of a continuing effort to ensure the integrity of New Hampshire's Unemployment Insurance Program, this agency is conducting an audit of the Unemployment Compensation record of the above-referenced individual. Our records indicate this individual worked for your organization and earned wages during the period from XX/XX/XXXX through XX/XX/XXXX.

To expedite processing of this information, please complete this form and fax to by XX/XX/XXXX. You may also return the form by mail to the address above.

**Step 1:**

Enter the period of employment beginning on or after XX/XX/XXXX and the reason for separation. (If the reason for separation is other than layoff, please provide additional details in the REMARKS box or attach additional documentation if needed.)

Period of Employment

First Day Worked: Last Day Worked: Full Time Part Time

Reason for Separation: Layoff Discharged/Fired Voluntary Quit Still Employed

Rate of Pay: $ per: Hour Week Bi-weekly Semi-Monthly Monthly

Method of Payment: Check Cash Direct Deposit

Title/Position of Employee:

**Step 2:**

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If you have any knowledge/information that during the period of employment this individual was working for another employer, was self-employed, refused work offered by you or another employer, or was not able to work, explain completely in the Remarks box or attach additional documentation if needed. In addition, please indicate if the worker's name and/or social security number on this form differ from your records or if the worker did not work during the week(s) in question.

**--CONTINUED ON REVERSE--**

Si usted no puede leer esto, llame por favor a 1-800-266-2252 para una traduccion.

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| --- | --- |
| Claimant's Name | Social Security Number  \*\*\*-\*\*-XXXX |
| REMARKS {if necessary, attach additional sheet(s)} **Check if the individual did not work during these weeks** | | |

**Step 3:**

**Instructions: You must complete in the format provided by Calendar Week, Sunday through Saturday. Failure to properly complete the form as requested will result in a request for additional payroll documentation.**

Enter the total hours worked for each day of the week, provided in Column A, for the individual identified at the top of this form in Column B.

Enter the total gross wages earned for each week, provided in Column A, in Column C and the date on which the wages were paid. If a worker has earned any "Other Pay" during the same week that he/she had earnings, please enter the gross wages and identify the "Other Pay" type.

"Other Pay" types include:

V - Vacation, B - Bonus, BP - Back Pay, H - Holiday, WC - Worker's Compensation, SEV - Severance, P - Pension, WARN - WARN Pay, S - Sick, WLN - Wages in Lieu of Notice

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| A.  CALENDAR WEEK  ENDING DATES FOR  REPORTED WAGES | B.  ENTER HOURS WORKED FOR EACH DATE THAT WORKER ACTUALLY WORKED  DURING THE CALENDAR WEEKS LISTED IN COLUMN A. | | | | | | | C.  TOTAL FOR CALENDAR WEEK | | | |
| SUN | MON | TUES | WED | THU | FRI | SAT | GROSS  WAGES | OTHER  PAY TYPE | OTHER  PAY  GROSS  AMOUNT | DATE PAID |
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| Claimant's Name | Social Security Number  \*\*\*-\*\*-XXXX |

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| A.  CALENDAR WEEK  ENDING DATES FOR  REPORTED WAGES | B.  ENTER HOURS WORKED FOR EACH DATE THAT WORKER ACTUALLY WORKED  DURING THE CALENDAR WEEKS LISTED IN COLUMN A. | | | | | | | C.  TOTAL FOR CALENDAR WEEK | | | |
| SUN | MON | TUES | WED | THU | FRI | SAT | GROSS  WAGES | OTHER  PAY TYPE | OTHER  PAY  GROSS  AMOUNT | DATE PAID |
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|  |  |
| --- | --- |
| Claimant's Name | Social Security Number  \*\*\*-\*\*-XXXX |

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| **EMPLOYER'S CERTIFICATION:** I certify that the wage and employment data shown above have been taken from our payroll records. I further certify that all information given is true to the best of my knowledge and belief. | | |
| Employer's Name | Title | Date |
| Signature | Telephone Number  **( )** | Fax Number  **( )** |
| Print your name | Email address | |

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